N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39466
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township Galena
(c) City Joplin
(d) Street No. 1620 Wall St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2 Registration District No. 411
1 Primary Registration District No. 2002 Registered No.

2. PRINT FULL NAME 620 William C. Doerge
(a) Residence, No. 1620 Wall St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

4
7
5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Belle Doerge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1863
7. AGE YEARS 75 MONTHS 9 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as saw mill, bank, etc. Retired 19 yrs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Mo. 0

FATHER
13. NAME Herman Doerge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Carolina Richman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) Mrs. Belle Doerge 1620 Wall - Joplin
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fairview DATE Nov 4 1938
19. FUNERAL DIRECTOR (NAME) Laupher Mortuary (ADDRESS) 1502 Joplin St. Joplin
20. FILED 11-3 1938 Ed D Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from October 26, 1938, to Nov. 2, 1938
I last saw h— alive on Nov. 2, 1938. Death is said to have occurred on the date stated above, at 11.45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
820	

Other contributory causes of importance:
Arteriosclerosis

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19..
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. H. Winchester, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-692
Date Filed DEC 8 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Allen E. Lanphee, or by .....,

Registered Apprentice No. ....., working under my personal supervision.

Signed Allen E. Lanphee

Licensed Embalmer No. 3574

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.